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PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)
COMMANDER
DISCOM, 4ID
FORT HOOD, TX 76544

2. TO (Include ZIP Code)
RETIREMENT SERVICES
ATTN: AFXF-AGM-T
FORT HOOD, TX 76544

3. FROM (Include ZIP Code)
COMMANDER
CO D 204TH FSB
4TH INFANTRY DIV
FORT HOOD, TX 76544

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)
PATTY, PEPPERMINT H.

5. GRADE OR RANK/PMOS/ADC
SGM/E-9/00Z

6. SOCIAL SECURITY NUMBER
000-00-000

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) VOLUNTARY RETIREMENT
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and IV) (Continue on separate sheet)

1. THE FOLLOWING INFORMATION IS PROVIDED

- Place of retirement: Fort Hood, Tx
- Date of retirement: 30 Nov 02
- Local Address: 1100 Window Dr Killeen, Tx 76543
- Retirement Address: 1186 Longcreek Ln fishing, Tx 76222
- I understand that I must undergo a medical examination prior to my retirement. I am also to ensure that the medical examination is scheduled not earlier than (4) months out from the retirement date or transition leave date and no later than two months out from leave or retirement date
- I have read and understood AR 635-200, Chap 12 and I have been briefed by my unit Commander.
- Date of rank: 1 Apr 99
- Date arrived to Fort Hood: 15 Mar 98
- Duty Phone: 287-0000, Home Phone: 555-0003
- I have not been alerted for levy
- I have not applied for VSI/SSB
- I have been advised not to make any firm or final commitments associated with retirement to include jobs, housing, schooling, or movement of family or household goods, prior to receipt of written approval from PERSCOM.
- I understand I am no longer eligible for promotion if this request is approved.
- I do desire Transition Leave/Permissive TDY: Permissive TDY DATES:
Transition Leave DATES:

AKO email address

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED

☐ RECOMMEND APPROVAL

☐ RECOMMEND DISAPPROVAL

☐ IS APPROVED

☐ IS DISAPPROVED

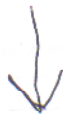
12. COMMANDER/AUTHORIZED REPRESENTATIVE

HOWARD T. JOHNSON, LTC OD, BN CDR

13. SIGNATURE

14. DATE (YYYYMMDD)

IF $\phi 6$ DOES NOT SIGN BACK SIDE OF DA FORM 4187
SUBMIT MFR



DEPARTMENT OF THE ARMY
(STANDARD LETTERHEAD)

DATE

MEMORANDUM FOR Commander, III Corp, ATTN: Retirement Services, Fort Hood,
Texas 76544

SUBJECT: Request for Retirement

1. Request for Retirement on (RANK, NAME, SS#), (UNIT), Fort Hood, Texas 76544
to retire on (RETIREMENT DATE).
2. The point of contact is (NAME) at (DSN #) or commercial (Phone #).

RECOMMEND APPROVAL/DISAPPROVAL

4 Encls

1. DA 4187
2. DA 31
3. ERB
4. LES

(O-6 SIGNATURE)
COL, MC
Commanding

EXAMPLE

* NOTE - BRING PERSONNEL FILE (OPTIONAL) WITH
REQUEST FOR RETIREMENT